

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: DELAWARE

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Process for Investigations of Complaints and Monitoring

The State has in effect the following process for investigating complaints of violations of requirements by nursing facilities and monitors onsite on a regular, as needed basis, a nursing facility's compliance with the requirements of subsection (b), (c), and (d) for the following reasons:

- (i) the facility has been found not to be in compliance with such requirements and is in the process of correcting deficiencies to achieve such compliance;
 - (ii) the facility was previously found not to be in compliance with such requirements and has corrected deficiencies to achieve such compliance, and verification of continued compliance is indicated; or
 - (iii) the State has reason to question the compliance of the facility with such requirements.
1. See attached complaint process policy.
 2. All plans of correction sent to facilities as a result of a complaint are reviewed for acceptability. Additional information or amended plans of correction are requested as indicated. Follow-up visits or phone contacts are scheduled dependent upon nature and extend of problems noted. Written periodic monitoring reports may be requested of the facility.
 3. Prior to all annual surveys, team leader checks the complaint file to see if any investigations, for that facility, have occurred during the year. If deficiencies were noted, facility compliance is monitored.

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HEALTH FACILITIES LICENSING AND CERTIFICATION

DELAWARE DEPARTMENT OF HEALTH AND SOCIAL SERVICES

COMPLAINT PROCESS POLICY

1. Written and telephone complaints (preferably when agency or individual is identified) will be investigated. If complaint(s) concern issues affecting health and safety of patients, investigation will be made within two work days. All other complaints will be investigated depending on the nature of the complaint as follows: a) within twenty work days or b) at the time of the next survey or c) the next follow-up visit.
2. Complaints will be investigated only when specific details and specific problems are identified.
3. Complaints involving an accredited hospital are to be referred in writing immediately to the Philadelphia Regional Office of Health Care Financing Administration. The Regional Office will direct the survey agency to evaluate specific areas of the hospital's operation. An onsite survey will be conducted in accordance with procedures set forth in the Medicare/Medicaid State Operations Manual section 3264 (Conducting An Accredited Hospital Complaint Investigation).
4. All complaint investigations involving federally certified facilities are to be performed and documented in accordance with the federal operations manual procedures.
5. A narrative report and deficiency forms as appropriate are to be completed by surveyor conducting complaint investigation.
6. All complaint investigations are unannounced and witnessed by another surveyor when possible. Observations of patient care must include at least a 3-5% sample size of total census which is randomly selected. Appropriate documentation will be made for these observations.
7. Name of complaintee and the findings of the investigation remain confidential. Letter is to be written by surveyor to complaintee of the facts of his or her investigation with proposed action if applicable.
8. Letter is to be written by surveyor and/or director to the health care facility indicating facts of the investigation and corrective action that needs to be made by the facility. State and Federal deficiency forms with plans of correction are to be utilized as appropriate.
9. All complaint reports are maintained on file with release of information only by the approval of the director or acting director or a court order. Notification of complaint findings will be made verbally and/or written to appropriate parties.

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INSTRUCTIONS FOR COMPLAINT VISIT LOG

The following procedures are to record complaints received by the Office of Health Facilities Licensing and Certification:

- Column A - Numerical number sequence of complaint being recorded.
- Column B - Indicate date complaint was received at the office.
- Column C - Identify the facility or agency the complainant has named.
- Column D - Identify problems of service areas from the complaint worksheet.
- Column E - Indicate the findings of the complaint investigation as to verified, not verified, not relevant.
- Column F - Indicate if deficiencies have been sent to facility or agency and if for state and/or federal citations.
- Column G - Indicate if complaint was referred to another agency for investigation by a yes or no. If yes, please indicate.
- Column H - Who was informed verbally and in writing of the complaint findings; i.e. complainant, County Health Office, Delaware State Board of Health, Philadelphia Regional Office, etc.

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Number of Complaints	B. Date of Complaint	C. Facility or Agency	D. Problem(s)	E. Verified Not Verified Not Relevant (V)(NV)(NR)	F. Deficiencies State and/or Federal (S) (F)	G. Complaint Referred to Another Agency? Identify	H. Who informed of Complaint Findings

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